

J1047
U.S. PTO
10/81/60

Please type a plus sign (+) inside this box →



PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TI-31444
First Inventor	William G. Dewenter
Title	Optical Wireless Network With Direct Optical Beam Pointing
Express Mail Label No.	EL645457548US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>	8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>		
3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i>	a. <input type="checkbox"/> Computer Readable Form (CRF)		
- Descriptive title of the Invention	b. Specification Sequence Listing on		
- Cross Reference to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		
- Statement Regarding Fed sponsored R & D	ii. <input type="checkbox"/> paper		
- Reference to sequence listing, a table, or a computer program listing appendix	c. <input type="checkbox"/> Statements verifying identity of above copies		
- Background of the Invention			
- Brief Summary of the Invention			
- Brief Description of the Drawings (<i>if filed</i>)			
- Detailed Description			
- Claim(s)			
- Abstract of the Disclosure			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	[Total Sheets 2]	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))	
5. Oath or Declaration	[Total Pages 1]	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input checked="" type="checkbox"/> Power of Attorney	
a. <input checked="" type="checkbox"/> Newly Executed (original or copy)		11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		13. <input checked="" type="checkbox"/> Preliminary Amendment	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:			
<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	
Prior application information:		of prior application No: _____ / _____ Group / Art Unit: _____	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label	23494 <i>(Insert Customer No. or Attach bar code label here)</i>		or <input checked="" type="checkbox"/> Correspondence address below
NAME	Texas Instruments Incorporated		
ADDRESS			
CITY	STATE	TX	ZIP CODE
COUNTRY	TELEPHONE	(972) 917-5285	FAX (972) 917-4418

J1046 U.S. PTO
09/955540

09/18/01

Name (Print/Type)	Dwight N. Holmbo	Registration No. (Attorney/Agent)	Reg. No. 36,410
Signature	<i>Dwight N. Holmbo</i>		Date 9-18-01

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT

(\$ 710.00)

Complete If Known

Application Number	To Be Determined
Filing Date	9/18/01
First Named Inventor	William G. Dewenter
Examiner Name	To Be Determined
Group / Art Unit	To Be Determined
Attorney Docket No.	TI-31444

METHOD OF PAYMENT		FEE CALCULATION (continued)	
--------------------------	--	------------------------------------	--

1. The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number

20-0668

Deposit Account Name

Texas Instruments Incorporated

- Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	\$710
106	320	206	160	Design filing fee	\$
107	490	207	245	Plant filing fee	\$
108	710	208	355	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$
SUBTOTAL (1)				(\$710.00)	

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	7	-20** = 0	x 18	= 0
Independent Claims	2	-3** = 0	x 80	= 0
Multiple Dependent			270	= 0

**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent Claims in excess of 3	
104	270	204	135	Multiple dependent claims in excess of 3	
109	80	209	40	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$0)	

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension of time within second month	
117	950	217	475	Extension of time within third month	
118	1,510	218	755	Extension of time within fourth month	
128	2,060	228	1,030	Extension of time within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,320	241	660	Petition to revive - unintentional	
142	1,320	242	660	Utility issue fee (or reissue)	
143	450	243	225	Design issue fee	
144	670	244	335	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per properly (time number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$0)

SUBMITTED BY		Complete (if applicable)		
Typed or Printed Name		Dwight N. Holmbo		
Signature		Dwight N. Holmbo	Date	9-18-01
		Reg. Number	36,410	
		Deposit Account User ID	N/A	